

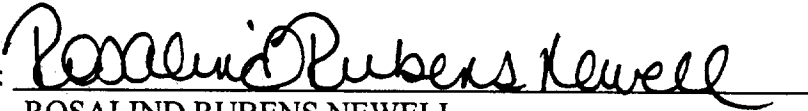
01- R-1359

Entered - 4-20-98 - sb  
CL 98L0277 - ALEXIS HOLMES

CLAIM OF: **KEVIN GRANT**  
3561 Sweetgum Lane  
Decatur, Georgia 30032

For vehicular damages alleged to have been sustained as a result of driving his vehicle over a metal plate in the road on April 3, 1998 at Lakeview Drive, SE.

THIS ADVERSED REPORT IS APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

**DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. 98L0277

Date: 8/8/01

Claimant /Victim KEVIN GRANT

BY: (Atty) \_\_\_\_\_

Address: 3561 Sweetgum Lane Decatur, Georgia 30032

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 937.00 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 4/20/98 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 4/3/98 Place: 3561 Sweetgum Lane

Department Public Works Division: Street Operations

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

**NATURE OF CLAIM:** The claimant alleges that he sustained vehicle damage when he drove over a metal plate in the road. Several attempts were made to contact the claimant however, his telephone numbers had been disconnected, and an inquiry letter was returned. Therefore, this claim is deemed abandoned.

**INVESTIGATION:**

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Other X Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

**BASIS OF RECOMMENDATION:**

Function: Governmental X Ministerial \_\_\_\_\_

Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned X

Respectfully submitted,

  
\_\_\_\_\_  
INVESTIGATOR - ALEXIS HOLMES

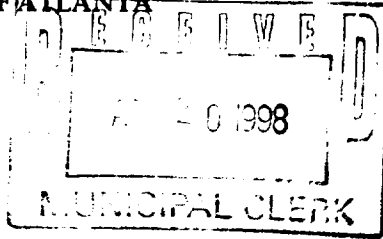
**RECOMMENDATION:**

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  \_\_\_\_\_ Concur/date 08-14-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335



RE: CLAIM FOR DAMAGES

Today's Date: 4/16/98

ENTERED - 4-29-98 - SB  
98L0277 - ANTHONY OATIS

OATIS  
04-27-98  
*Da*

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \$937.00 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: (Fr) 4/3/98 2. Time of Incident: 2:00 p.m. 3. Police called: \_\_\_\_\_  
(month/day/year) Yes No
4. Location of incident (including street address): Lakeview Dr. SE - before bus stop on left side.
5. Name of your insurance company: Nationwide Insurance Policy No. 7710N668378
6. State what and how incident occurred: Travelling South on Boulevard when I hit a pot hole on the left side of the street. There were no warning devices (barricades, metal plates or cones) placed at this site. The pot hole caused damage to my front end, rim, tire and frame of my Ranger truck.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your vehicle: Ford Ranger 96 450LDD Kevin Grant  
(Make) (Year) (Tag Number) (Driver's Name)  
City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: None  
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

*Kevin Grant*  
Signature of Claimant

Kevin Grant  
(Print Claimant's Name)  
3561 Sweetgum Lane  
(Address)

Decatur, GA 30032  
(City, State and Zip Code)

404-346-2010 404-284-1489  
(Work Number) (Home Number)

01-R-1359